

## DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION\*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

## BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING ZOLPIDEM

and for which a patent application:					
is attached hereto and includes	s amendment(s) filed on (if applicable)				
was filed in the United States with amendment(s) filed on (i	on as Application No. (for declaration not a fapplicable)	accompanying application)			
☐ was filed as PCT international	Application No. on and was amend	ded under PCT Article 19 on (if application)	able)		
I hereby state that I have reviewed a amendment referred to above	nd understand the contents of the abo	ve identified application, including	the claims, as ame	nded by any	
Regulations,§1.56.	nformation known to me to be materia				
I hereby claim foreign priority bene- certificate listed below and have also of the application on which priority	fits under Title 35, United States Code o identified below any foreign applica is claimed:	e, §119(a)-(d) of any foreign application for patent or inventor's certification	ation(s) for patent of the having a filing	or inventor's date before that	
EARLIEST FOREIGN	APPLICATION(S), IF ANY, FILED	PRIOR TO THE FILING DATE O	F THE APPLICA	ΓΙΟΝ	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year) PRIORITY CI		CLAIMED	
			YES □	NO □	
			YES □	NO 🗆	
I hereby claim the benefit under Tit	le 35, United States Code, §119(e) of	any United States provisional applic	cation(s) listed belo	ow.	
PROVISIONAL APPLICATION NUMBER		FILING DATE			
matter of each of the claims of this a	le 35, United States Code, §120 of an application is not disclosed in the prior Code §112, I acknowledge the duty to the Regulations, §1.56 which became date of this application:	or United States application in the mage to disclose information known to me	anner provided by which is material	the first to patentability	

NON-PROVISIONAL	FILING DATE		STATUS	
APPLICATION SERIAL NO.		PATENTED	PENDING	ABANDONED
10/230,060	August 29, 2002			
09/537,118	March 29, 2000		⊠	
PCT/US97/17899	October 1, 1997			

for use only when the application is assigned to a company, partnership or other organization.

## SEND CORRESPONDENCE TO:

PENNIE & EDMONDS LLP 1667 K Street, N.W. Washington, D.C. 20006 PTO Customer No. 20582 DIRECT TELEPHONE CALLS TO: PENNIE & EDMONDS LLP DOCKETING (202) 496-4400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	CHI I NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
OF INV	FULL NAME OF INVENTOR	Dugger, III	Harry	Α.	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
	CITIZENSHIP	Flemington	NJ	United States	
•	POST OFFICE	STREET	СПУ	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	548 Sargentville Road	Flemington	NJ	08822
		SIGNATURE OF INVENTOR 201		DATE	
	ELH I NIAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	FULL NAME OF INVENTOR	Abd El-Shafy	Mohammed		
2		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
0	RESIDENCE & CITIZENSHIP	Hauppauge	NY	United States	
2		STREET	СІТУ	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	428 Townline Road	Hauppauge	NY	11788
		SIGNATURE OF INVENTOR 202		DATE	
		LAST NAME	FIRST NAME	MIDDLE NAME	
	FULL NAME OF INVENTOR				
2 0 3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		STREET	спу	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS				
		SIGNATURE OF INVENTOR 203		DATE	
2 0 4	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR				
	RESIDENCE & CITIZENSHIP	CITY STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	DOST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS				
		SIGNATURE OF INVENTOR 204		DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
,	DOST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE				
	ADDRESS	1	l l		_1